




Religious Reasonable Accommodation Request Form

Please return your completed form to USVaccineExemptions@astrazeneca.com.

Date: February 25, 2022

Employee's Name: Jonathan Bobnar

Email: jonathan.bobnar@astrazeneca.com 

Phone: 234-380-3233


Location (state): Ohio

Job title: Biologics Sales Specialist

PRID: KPNN955

AstraZeneca (the "Company") takes seriously its obligations to provide appropriate reasonable accommodation to qualified persons whose sincerely held religious beliefs prohibit them from getting a COVID-19 vaccine. Completion of this form is the first step in an interactive process between you and AstraZeneca to determine whether you are qualified for a reasonable accommodation and further whether there are any available accommodations that would enable you to perform your job (or enjoy equal access to benefits and privileges of employment) and meet our operational and safety needs. Please answer all questions to the best of your ability. Failure to answer each question may impact AstraZeneca's ability to conduct the review necessary to approve your request. After you submit this form, a representative from Human Resources will reach out to you. As part of the interactive process, you may be required to provide additional information regarding your request. Further, any misinformation or knowingly false information provided as part of your request may lead to you being subject to disciplinary action up to and including separation of employment.

Please describe the nature of your objection(s) to the Company's COVID-19 vaccination requirement.

I choose to exercise my right, which is protected by the Civil Rights Act of 1964- Title VII, to demand a religious exemption to the requirement that I receive a COVID- 19 vaccine. This demand for an exemption is based on my deeply held religious beliefs pursuant to my reliance 

Describe the basis of the sincerely held religious belief that requires accommodation.

Please see attached*

How long have you held the religious belief underlying your objection? What is the name of your religion and are you a member of a place of worship (church, synagogue, mosque, etc.)?

Please see attached*

Please explain how the religious belief that prevents you from receiving the COVID-19 vaccine affects other areas of your life. For example, have you received other vaccines in the past? If so, please explain how your religious belief prevents you from getting the COVID-19 vaccine but not other vaccines.

Please see attached*



Have you ever requested a religious accommodation previously, either on your own behalf or on behalf of a family member, such as a child who was subject to a school's vaccination requirements? If yes, please describe.

No

Please attach any supporting documentation that may be helpful in evaluating this request for accommodation, this may include a website with information on your religious beliefs or practices, or a letter from a religious leader describing your specific religious beliefs and/or the tenets of the religion that limits or restricts you from being vaccinated. If submitting a letter from a pastor, please also describe how long you have known this individual.

Verification

I understand that the Company requires a COVID-19 vaccination as a term and condition of employment. I hereby certify that I believe that I have a sincerely held religious belief that necessitates a reasonable accommodation from this requirement.

I verify that the information I am submitting in support of my request for a reasonable accommodation is complete and accurate to the best of my knowledge, and I understand that any misrepresentation contained in this request may result in disciplinary action, up to and including dismissal. I further understand that the Company may require me to provide additional information in response to the information I provide.

I also understand that my request for an accommodation based on a religious belief may not be granted if I fail to provide complete responses to the questions the Company provided in a reasonable time frame, if the request is not reasonable, if it poses a direct threat to the health and/or safety of others and/or to me, or if it creates an undue hardship on the Company.

Please return your completed form to USVaccineExemptions@astrazeneca.com.

Signature: Jonathan Bobnar

Date: 2/25/2022